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ABSTRACT

An adaptive physical education project was started in the Wichita Public Schools for children who were unable to participate in regular physical education classes due to one or more handicaps. Sixty-nine students in grades seven through nine participated the first year, and 103 students the second year. The program and class procedures were geared to the individual students' needs. Evaluative data was secured from student records, teacher plans, pre and post physical fitness testing, teacher reports, student activity checklists, and interviews with parents and participating physicians. Case studies of three randomly selected students, one from each grade, were also part of the evaluation. Evaluation data showed an increase in physical skills and ability and the program was judged successful. Approximately 1/4 of the students were able to return to the regular physical education program by the end of the second year. Appendixes include forms and information used in the program evaluation. (KW)

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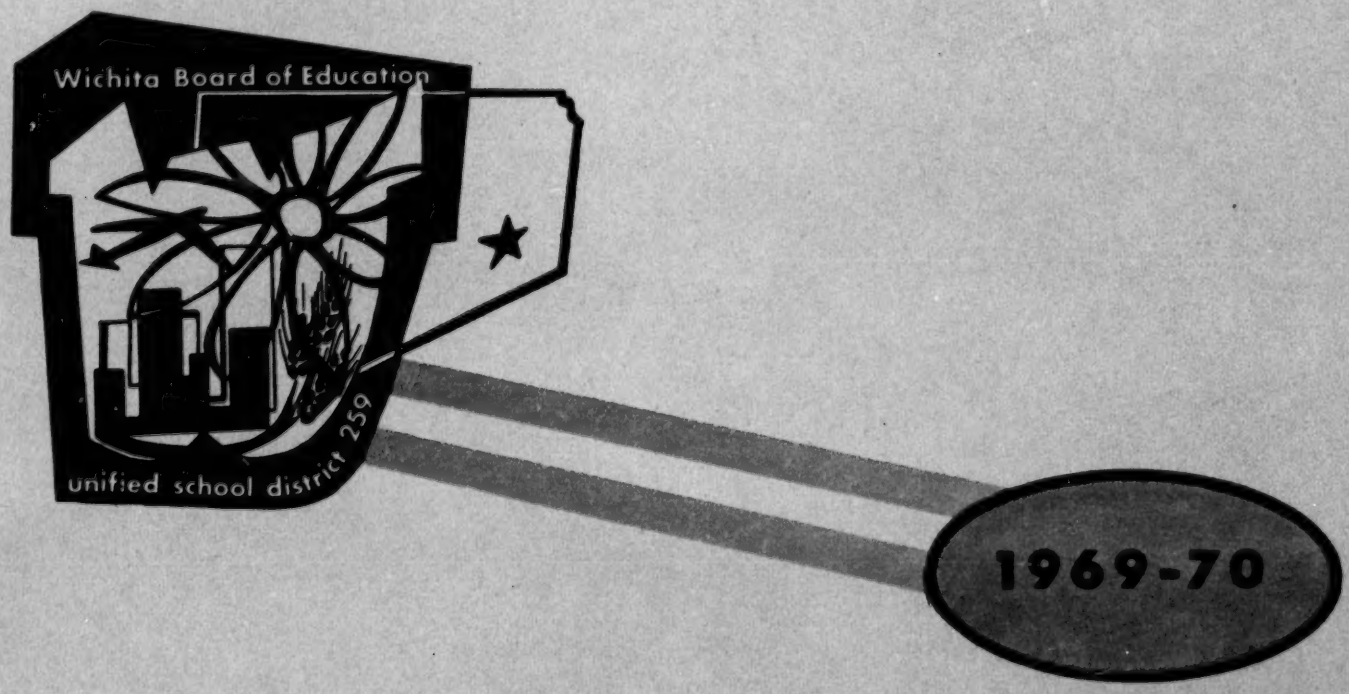
Wichita Public Schools
Wichita, Kansas

Research and Information Services Division

ESEA TITLE VI EVALUATION REPORT

ADAPTIVE PHYSICAL EDUCATION PROJECT



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WICHITA PUBLIC SCHOOLS
Unified School District 259
Dr. Alvin E. Morris, Superintendent

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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ESEA TITLE VI EVALUATION REPORT

ADAPTIVE PHYSICAL EDUCATION PROJECT

Project No. 6818

Submitted to the Kansas State Department of Education
Division of Special Education

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ADAPTIVE PHYSICAL EDUCATION PROJECT

Introduction

Some programs in the traditional public school setting do not provide appropriate facilities, goals, and expectations or the proper environment for the handicapped pupil. The typical physical education program tends to exclude those pupils who are unable to participate in team sports, large group activities, and somewhat strenuous exercises. In a growing number of locations, adaptive physical education programs are being developed and initiated. The need for such a program had existed in the Wichita Public Schools for several years. Plans for such a program were begun in the spring of 1968. Various personnel in the Wichita schools were involved in developing a proposed program in one Wichita junior high school.

Funding provided through the State Department of Public Instruction via Title VI enabled the program initiation during the 1968-69 school year. Sixty-nine pupils (grades seven through nine) participated in the program during the first year. The first year's program was perceived as a success, based on testing results and reactions obtained by various questionnaires used the first year of operation.

Purpose

Some children were unable to participate in the regular physical education classes due to a handicap or handicaps. The purpose of this program was to provide those children with a special physical education program geared to their specific needs.

Objectives

The specific objectives were:

1. To enable each handicapped pupil to feel that he is a part of the physical education program.
2. To enable each handicapped pupil to develop skills commensurate with his abilities and in relation to the limitations imposed by his handicap.
3. To enable each handicapped pupil to return to regular physical education classes when physical skills growth permits.
4. To develop and maintain each handicapped pupil's interest and enthusiasm in improving his physical fitness to the extent that his handicap permits.

Evaluation Strategy

The evaluation of the program for the second year of operation was primarily focused on the extent to which the stated objectives were met. A description of the program and the participants was included in the evaluation. Evaluative data were secured from the following sources: (1) pupil records, (2) teacher plans, (3) pre-post physical fitness testing where possible, (4) teacher reports, (5) pupil activity checklists, and (6) structured interviews with parents and cooperating physicians.

A case study approach, using one pupil randomly selected from each grade level, was also a part of the evaluation plan.

Program Description

The adaptive physical education program was operated for the second year at Truesdell Junior High School. During the second year, the program was moved from the small room used the first year into a portable classroom unit placed in an area between the existing boys and girls gymnasiums. Even though the room was larger, the staff still felt this to be inadequate for an increasing number of pupils and lack of storage space for equipment.

Pupils were selected from those referred by the school nurse, teachers, parents, counselors, and doctors. Information about the pupils was obtained from school records, conferences with the pupils, personal or telephone conferences with the parents, and health data received from the pupils' physicians.

The school nurse's role was that of gathering and coordinating information from the teacher, doctors, counselors, and the parents. She served as a contact with the physicians in order to keep pupil information updated and to notify the physicians of changes in conditions of pupils in the program.

Pupils were scheduled into the special class in the same manner they would have been assigned a regular physical education class. Seventh and eighth grade pupils attended music classes two days a week and the adaptive physical education class three days a week. This does not mean that all seventh and eighth grade pupils were in attendance on the same days of the week. There were overlapping days among

the groups of seventh and eighth grade pupils, which meant that on some days the class groups were larger than others. All ninth grade pupils were scheduled into the class on a daily basis the same as all other ninth grade pupils.

Pupils at any of the three grade levels involved were scheduled in or out of the adaptive class as necessary for the type of problem or handicap the pupil had. No pupil was scheduled into the special class for less than one month.

Class Procedures

Each class period was 60 minutes in length. Hourly class loads were limited to 15 pupils when possible due to lack of space and the need for individualization of instruction.

Approximately ten minutes of time was allotted for dressing and undressing for those pupils who were able to do so. Dressing, showering, and locker facilities in the boys' and girls' gymnasiums were utilized, since the portable unit was located in the proximity of those facilities.

Ten to 20 minutes were allowed for individual conditioning exercises. Exercises were devised for individual pupils as a result of screening tests used and/or recommendations of the physician. Once the exercise program was explained and demonstrated to the pupil, it was the pupil's responsibility to perform these independently each time the pupil reported to class. Types and difficulty of exercises were regulated in terms of the physical condition of the pupil. Pupils

were allowed to limit their activity or exercise anytime they felt overextended.

Individual recreational types of sports activities were the primary type of activities included in the program. Parts of sports (such as the putt in golf) were taught when instruction in the entire activity was not possible. Activities included such sports as bowling, archery, riflery, shuffleboard, and table tennis. Instruction in most activities included the history of the sport, nature and purpose of the game, scoring, care and use of equipment, rules, demonstration, and practice of basic skills.

Presentation of Pupil Data

During the second year of the adaptive physical education program, 103 pupils participated. Included in this group were pupils who were orthopedically handicapped, visually handicapped, mentally handicapped (EMH), and/or emotionally disturbed. Pupils with other kinds of problems or physical handicaps were also included in this group. Table I shows the various handicaps and the number of pupils having each category of handicap.

TABLE I

TYPE AND FREQUENCY OF HANDICAPS AMONG PUPILS IN THE ADAPTIVE PHYSICAL EDUCATION PROGRAM

Handicap	Number of Pupils
Allergies and asthma	15
Blood disorders	2
Cardio-vascular	3

TABLE I (Cont'd)

Handicap	Number of Pupils
Epilepsy	4
Infectious diseases	5
Muscular-skeletal	42
Nephritis	7
Postoperative	2
Post polio	4
Blind or limited vision	4
Miscellaneous	15
Total	103

Pupils in the group ranged in age from 12 to 15 years. Twenty-one (20.4%) of the pupils were seventh graders, 45 (43.7%) were eighth graders, 37 (35.9%) were in the ninth grade, 47 (45.6%) were males, and 56 (54.4%) were females. Twenty-four (23.3%) were in the program two full years, and 13 (12.6%) were in the program at least one full year. The average length of time in the program among these 103 pupils was 8.4 months. The length of time in the program ranged from one month to two years.

Forty-four (66.7%) of the 66 pupils who were in the seventh or eighth grade were recommended to remain in the program for the next school year. Nineteen (28.8%) of the 66 pupils were either returned to the regular physical education program during or at the end of the school year. Three (4.5%) of the 66 pupils transferred out of the school during the year.

Among the 37 pupils who were ninth graders going on to high school, five (13.5%) were recommended to return to the regular physical education program, 30 (81.1%) were recommended to enroll in a substitute class, and two (5.4%) transferred out of school during the year.

Pupil Activity Data

Classroom activities were monitored by a devised class activities sheet used on seven of eight randomly selected days during the second semester. A copy of the activities sheets used can be found in the appendix. Pupils did not complete the forms on one of the days selected due to the absence of the regular instructor. Seventy-eight (75.7%) of the pupils completed at least one activity sheet. Twenty-five (24.3%) of the pupils did not complete any of the activity sheets. The number of pupils not completing activities sheets was not surprising when one considers that these were completed during the second semester, and some pupils were in and out of the program prior to that time. Additionally, pupils were scheduled in this class on those days of the week when they were not in a music class and may not have been in class on the selected dates. The following table shows the number of activity sheets completed by the pupils on the selected days.

TABLE II

FREQUENCY OF ACTIVITIES SHEETS COMPLETED BY PUPILS IN THE ADAPTIVE PHYSICAL EDUCATION PROGRAM

N = 78

Number of Pupils	Number of Sheets Completed by Each Pupil
11	1
18	2
26	3
15	4
5	5
3	6
Total 78	Total number of sheets completed 228

Categories in which the seven days used for completing activity sheets were: (1) two days in January, (2) one day in February, (3) one day in March, (4) two days in April, (5) one day in May, (6) two Mondays, (7) two Tuesdays, (8) one Wednesday, (9) two Thursdays, and (10) one Friday.

Exercises which were noted on the sheets by the pupils completing them were: (1) corrective exercises (standing and lying), (2) use of weighted wall pulleys, (3) exercise bicycle, (4) sit-ups, (5) pull-ups, (6) push-ups, (7) rope jumping, (8) use of punching bag, (9) running in place, (10) cross over toe touch, (11) two-man row, (12) leg lifts, (13) various hand weight exercises, (14) use of mini-gym, and (15) use of the exer-genie.

Pupils were also asked to indicate the type of activity or game they were involved in on the selected days. Among the activities indicated for those days were: (1) riflery, (2) shuffleboard, (3) table tennis, (4) bowling, (5) tamberilla, and (6) archery.

Since the program was designed as a highly individualized program and pupil abilities were so variant, pupil progress was examined on an individual basis where possible. Three pupils had completed activity sheets on six of the seven days, five pupils had completed sheets on five of the seven days, and two other pupils were selected at random in order to examine progress and/or change in exercises and activities for those pupils during the second semester. Table I in the appendix shows individual pupil response results for the above ten pupils.

Examination of responses on activities sheets by the selected pupils revealed that no pattern was established in terms of increasing the number of repetitions of certain exercises. There may have been a pattern set which was not identifiable by using randomly selected days. There appeared to be a tapering off of exercises and more time spent on activities near the end of the school year. Some pupils indicated that they could not or were not supposed to do exercises and were unable to participate actively in all activities.

Test Data

One of the tests used on a pre-post basis was the Kraus-Weber Test of Minimum Muscular Fitness. This test consists of six different tasks, each one graded by a pass or fail. In order to pass the test the pupil must pass all six tasks or subtests. Further explanation of

this test is found in the appendix.

Nineteen pupils were available for testing on the first day of the school year. Sixteen of the 19 were also available at the end of the school year. The following table shows the results for the pupils with both pretest and posttest results.

TABLE III

KRAUS-WEBER TEST RESULTS FOR PUPILS IN ADAPTIVE PHYSICAL EDUCATION CLASSES

N = 16

	Pretest				Posttest			
	Pass		Fail		Pass		Fail	
	N	%	N	%	N	%	N	%
Part I	16	100	0	0	16	100	0	0
Part II	11	68.8	5	31.2	15	93.8	1	6.2
Part III	14	87.5	2	12.5	16	100	0	0
Part IV	16	100	0	0	16	100	0	0
Part V	15	93.8	1	6.2	16	100	0	0
Part VI	14	87.5	2	12.5	15	93.8	1	6.2
Total Test	8	50	8	50	14	87.5	2	12.5

Pretest results show that only one-half of the pupils tested passed the test, while posttest results indicated seven-eighths of the same group of pupils passed the test. Seven pupils passed the posttest who had failed on the pretest, and one pupil failed the posttest and passed the pretest. The net gain, as indicated in the table, was

six more pupils passing the posttest than the pretest.

Another type of fitness test was also utilized. It consisted of three tasks which were: (1) push-ups, (2) sit-ups, and (3) softball throw for accuracy. Eighteen pupils were tested in October and 17 in May. Thirteen pupils had both pretest and posttest results. Only four of these were tested with the Kraus-Weber earlier. The following table shows the results of the Physical Fitness Test.

TABLE IV

PHYSICAL FITNESS TEST RESULTS FOR PUPILS IN ADAPTIVE PHYSICAL EDUCATION CLASSES

Pretest					
Push-ups		Sit-ups		Points Scored on Softball Throw	
# of Pupils	Mean	# of Pupils	Mean	# of Pupils	Mean
9	14	12	25.8	13	6.9
Posttest					
# of Pupils	Mean	# of Pupils	Mean	# of Pupils	Mean
9	17.9	11	32.6	13	10.8

Among the pupils tested, mean scores show gains on all three tasks performed. Some pupils did not perform as well on the posttest as they did on the pretest in some areas. The range of gains in push-ups was -6 to +16, gains in sit-ups ranged from -6 to +17, and gains in points on the softball throw for accuracy were from 0 to +10. The difference between numbers of pupils in each activity was due to the fact that some pupils were unable to perform all three tasks because of

their handicap or advice from the physician.

The third type of physical testing was a Physical Fitness Index Test. This test consisted of two parts, namely, hand strength and lung capacity. The following table shows results for those pupils taking the Fitness Index Test.

TABLE V

PHYSICAL FITNESS INDEX TEST RESULTS FOR PUPILS IN ADAPTIVE PHYSICAL EDUCATION CLASSES

N = 50

	Pretest	Posttest
Right Hand Strength		
Mean	59.8	68.3
S.D.	19.0	18.6
Range	30-100	32-100
Left Hand Strength		
	Pretest	Posttest
Mean	61.7	68.0
S.D.	17.3	15.8
Range	32-94	40-96
Lung Capacity		
	Pretest	Posttest
Mean	3,232	3,602
S.D.	765.9	679.6
Range	1,300-5,000	2,400-5,000

Table V shows that for those tested both pre and post, hand strength increased in both hands from pretest to posttest. The average increase in right hand strength was greater than the increase in left hand strength. This may have indicated that the activities and exercises were geared more to the right hand than the left. It was interesting to note that the average left hand strength was greater than the average right hand strength at pretest. Average lung capacity increased 370 cubic centimeters of residual lung capacity for those pupils tested.

Other Information

The previous year's evaluation report had indicated that seven proposed changes were recommended for the 1969-70 school year. These changes were: (1) visitations to physicians by the instructor, (2) re-evaluation and minor changes in the physician's form letter, (3) larger facilities, (4) increased physical fitness testing, (5) case studies of selected pupils, (6) newspaper publicity, and (7) an informative local television show. Six of the seven above proposed changes for the past year were accomplished. The one proposed change which was not accomplished was that of instructor visitation with physicians. This may have occurred due to the increased program demands and increased pupil load over the previous year.

The physician's form letter had some minor revision. A copy of the revised form appears in the appendix.

During the year school personnel had some contact with many physicians in order to update pupil records, check on changes in individual programs, etc. Seventy-four doctors were contacted in some

manner regarding the 103 pupils involved in the program.

Interviews with three selected physicians revealed that awareness of the program came at the time information was requested for their patients. A copy of questions asked appears in the appendix. Physicians also indicated a need for such a program; however, smaller schools may not have enough pupils to justify additional expenditures. Those interviewed felt the program was successful in terms of pupils they knew and the limited contact they had with the program. Those interviewed also felt that many physicians may welcome more direct contact with the instructor in working with some special cases.

Selected Case Studies

Three pupils, one from each grade level, were selected at random to be subjects of more intensive investigation. The pupils selected may or may not be representative of the type of pupils involved in the program. Interviews were conducted with the parents of those pupils selected for the case studies. A copy of questions asked of parents can be found in the appendix. The following is a presentation of available information on the selected pupils.

Case Number One

Background Information - The subject in the first case was a female Caucasian who was 11 years, 11 months of age at the beginning of the past school year. She had enrolled as a seventh grade pupil in another junior high school before transferring to Truesdell in November. She was the second of three children in the family. One sister was

one year and ten months older, and a brother was one year and three months younger than the subject. The subject's father was employed as a sheetmetal worker in a local aircraft manufacturing plant. Her mother was a housewife in the home.

Health History - The subject's mother indicated in a conference reported earlier that she had had physical problems since infancy. School health records did not indicate any particular kind of problem when she entered kindergarten at age five. Subject had a reported attack of rheumatic fever during her first grade year. The doctor then advised limited physical activity. She was also involved in overall speech therapy at the school during the same year. During the second grade year, the subject underwent an appendectomy and, at that time, was limited in physical activity only during the short period of time following surgery. No problems were reported during the subject's third grade year. A nephrectomy was reported during the early portion of her fourth grade year. Activities were limited until the following school year. During the fifth grade, the subject was taken to Kansas University Medical Center, where examination revealed kidney stones in the remaining kidney. She was then placed on a low calcium diet and medication for uric acid. The examination at this Center indicated no evidence of the subject having rheumatic fever.

Doctors' reports upon entering the special program indicated, in addition to previous information, that the subject had scoliosis of the spine, and the left leg was shorter than the right. The subject had been scheduled for surgery by an orthopedic doctor, presumably for the

spine and short leg problem, but for some reason the surgery was cancelled.

Referral Information and Recommendations - Information received by the instructor included the above health information. In addition, the three doctors who had examined the subject provided conflicting advice regarding exercises and activities in which the subject could participate. The family doctor advised no individual or special exercises; the orthopedic doctor indicated no restrictions; and the medical center specialist advised no contact sports, but approved exercises which would present little danger of injury to the kidney. From a phone contact by the instructor, the mother also indicated that the subject was a bleeder. However, this was apparently not substantiated by any doctor's report.

Special Conditions, Objectives, and Procedures - The instructor indicated for this subject that she would not be involved in body contact sports, no prolonged running, and no special exercises involving the abdomen or lower back.

Primary objectives for the subject were: (1) learn new activities which would be fun and not aggravate the handicaps the pupil possessed and (2) make her feel that she can participate safely in some activities.

There were no prescribed exercises or special treatments advised or used with the subject. She apparently participated in "light" activities such as riflery (using BB guns), bowling, and archery.

Case Results - As a result of an interview with the subject's

mother, she was able to fulfill the primary objectives indicated above. The subject's mother signified that she did learn some new activities which she could participate in, and she had expressed an interest in taking up bowling and archery on her own outside of the class and school. The mother also stated that the subject showed an apparent increase in strength, particularly in the arm muscles.

The instructor of the class rated the subject's physical condition as "improved" and recommended that she remain in the Adaptive Physical Education Program for the next school year.

Case Number Two

Background Information - The subject in the second case was a male Caucasian who was 13 years, one month in age at the beginning of the past school year. He had been enrolled in the Adaptive Physical Education Program during the previous year and was in the program approximately one and one-half years. During the past year he was in the eighth grade. He had one older brother, who was 13 months older than the subject, and two younger half-brothers aged four years, one month and six months. His natural father was deceased, and his step-father was employed as a meat processor with a grocery firm. The subject's mother was a housewife in the home.

Health History - Health records show that the subject apparently had an asthmatic condition when he was less than one year of age. No other physical problems have been reported. Records show that he was on medication for asthma during his entire life; however, types and

amounts have varied with increased age and physical size. During the previous year, the subject was on weekly shots and two types of pills daily. Allergies reported then were: (1) molds in the air, (2) house-dust, (3) dog hair, (4) wool, and (5) smoke. His condition was apparently improved during the past year, and he was taken off the weekly shots.

Referral Information and Recommendations - The instructor received information in addition to the health information stated above. Another teacher had indicated that the subject may also have other problems related to his small physical stature. Light activities were recommended during his first year in the program. Moderate activities were included during the past year by his physician. It was suggested that his tolerance to exercise would vary and should not be pushed beyond his limits.

Special Conditions, Objectives, and Procedures - The only special consideration watched carefully was varying the level of performance in various activities. Primary objectives for the subject were: (1) to improve condition through general physical conditioning, (2) to participate and promote interest in acceptable sport activities, and (3) to increase self-confidence through success in sports activities.

The general procedure used was to lower the expected performance level when the condition was aggravated.

Case Results - An interview with both parents revealed that the parents perceived his asthmatic condition as improved, and that there

was an overall improvement in the subject's health. The parents indicated a decrease in the amount of medication to control the subject's condition. The subject's parents also related an increased interest expressed, particularly for bowling and golf.

The Adaptive Physical Education instructor rated the subject's condition as improving and recommended that he remain in the Adaptive Physical Education class for the next school year.

Based on the above information, it appears that most of the objectives for the subject were obtained.

Case Number Three

Background Information - The subject in this case was a male Caucasian in the ninth grade who was 13 years, nine months of age at the beginning of the past school year. He was in the program for two years, first enrolled as an eighth grader during the previous year. He was one of a set of identical twins with his brother apparently having no physical problems. The subject's father was a tool and production planner with a local aircraft plant. His mother was a housewife in the home; however, she did some part-time instruction at a bowling alley.

Health History - Health record information shows that the subject had some vision difficulty and was fitted for glasses just prior to entering kindergarten. During his third grade year, it was reported that the subject had Brights Disease and was then referred for homebound instruction. He remained in the homebound program the remainder

of the third grade and all of the fourth; then, he returned to the regular classroom for the fifth grade year. Upon return to school, he was placed on a salt free diet and a requirement to drink a lot of water which necessitated frequent trips to the restroom. During the time prior to entering junior high school, the subject had received periodic examinations and various types of medication for the kidney disease and allergies apparently detected while at the University of Minnesota Medical Center. While in the program he continued with medication and periodic examinations, although frequency and dosage requirements were changed.

Referral Information and Recommendations - The instructor received the above health information in addition to other recommendations and suggestions. Doctors' reports indicated that the subject had very poor vision (almost legally blind when not corrected with glasses) and should participate only in activities not requiring good vision. The kidney problem also limited the extent to which he could extend himself in some sports. One physician also recommended additional medication during periods of cool and wet weather; a condition which seemed to aggravate the kidney problem.

Special Conditions, Objectives, and Procedures - Supervenient conditions included a mental attitude which some perceived as troublesome because it appeared that the subject was in competition with his brother. He exhibited an attitude of not wanting people to know he had a handicap.

Primary objectives for this subject were: (1) to give instruction

in as active sports as possible without aggravating his condition and (2) to give him the chance to be a "champion" at something.

Light and moderate activities were used with increased levels of difficulty and more strenuous when possible.

Case Results - Information gathered as a result of a parent interview showed that the mother did not observe any visible change in his condition. There was noticeable physical growth in height and weight, but there was no real way of observing change in the kidney disease condition. The latest reports on the diseased condition did indicate a slow deterioration in the kidney condition. The mother reported that interest and enthusiasm in sports had always been high, but she felt he became more knowledgeable about the sports as a result of taking this special class.

Since there is no special program in the high school which the subject is to attend, the instructor recommended that he enroll in another subject in lieu of physical education for the next school year.

Comments on Results

It seemed apparent that most of the program was successful in terms of the purpose and objectives set forth for the project. An increasing number of pupils with various types of handicaps were served during the second full year of the project. Approximately one-fourth of the pupils involved were able to return to the regular physical education program either during or at the end of the year.

Activity sheets completed by pupils indicated a variety of games and exercises which the pupils apparently enjoyed and could participate in. An increase in physical skills and ability was evidenced by the test data available. Posttest results showed many individual and group gains on all tests used.

Acceptance and appreciation of the program was evidenced in interview reactions from parents and cooperating physicians.

Nearly all of the changes recommended for the second year were accomplished, even though facilities were still considered inadequate to do an effective job of helping handicapped pupils.

Case study materials revealed some of the types of handicaps and multiple handicaps of pupils in the program. Indications were that some pupils will never be able to participate in regular program activities, while other pupils have conditions that will allow them to return to the regular program at some time.

APPENDIX

WICHITA PUBLIC SCHOOLS
RESEARCH AND INFORMATION SERVICES DIVISION

Adaptive Physical Education
Activities Sheet

Name_____ Date_____

Sex_____ Hour_____

Age_____ School_____

---

1. I dressed in gym clothes today. Yes____ No____

   If no is checked, please list reason:

   _____

   _____

2. List the names of exercises completed today	List the number of repetitions (if this applies)	List the amount of time in minutes used to complete each exercise
a._____	a._____	a._____
b._____	b._____	b._____
c._____	c._____	c._____
d._____	d._____	d._____
e._____	e._____	e._____

3. Name the activity or game you played today	List amount of time in minutes you spent playing the game	Describe your success or failure in the game
a._____	a._____	a._____
b._____	b._____	b._____

4. Check one or more of the following which describes what took place during class:

_____a. The teacher demonstrated or showed how to play the game.

_____b. The teacher talked about the game or activity and showed the group how to play.

_____c. I played the game myself.

_____d. I took a skills test. (The teacher graded my playing.)

_____e. I took a written test.

5. Check one of the following:

_____a. I took a shower after class.

_____b. I cleaned up, but did not shower.

_____c. I did not need to clean up or shower.

TRUESDELL JUNIOR HIGH SCHOOL

TO THE PHYSICIAN: _____
Date

Records on file in this school's health office indicate _____ _____may need restriction of participation in physical education. The Department of Physical Education recognized its responsibility to assist each student to live fully with the limitations they may have, has developed a new adaptive physical education program from which each student is expected to choose activities which will help him physically and/or help to develop the basic skills and recreational interests which are such assets in living today. We feel that any child able to attend school will find one or more activities in which he can engage in this program.

Our program includes activities ranging from very light to strenuous. You are probably familiar with many of these activities. May I elaborate briefly on two of those which may need further explanation.

(1) Individual Activities. Includes activities selected for each student following any specific instruction which the physician may wish to give. Also stressed are techniques of relaxation, basic posture improvement, weight normalizing, and directed calisthenics. The amount of activity for each student can be controlled and gradually increased as the student can profit by it.

(2) Recreational Games. Very mild games such as shuffleboard, horseshoes, and other social recreational activities.

Please return the attached form to:

Adaptive Physical Education Program
Truesdell Junior High School
2464 South Glenn
Wichita, Kansas 67217

TRUESDELL SPECIAL EDUCATION ADAPTIVE PHYSICAL EDUCATION PROGRAM

_____can participate in activities checked below.

Parents permission has been obtained.

(An X on the line may be used if all the activities in that section are permitted. Otherwise please mark desirable activities separately.)

Light Activities *All_____

Archery_____
Bowling (lightweight ball)____
Golf_____
Individual Activities_____
Recreational Activities_____
(Specify Below)
Social Dance_____

Moderate Activities *All_____

Badminton_____
Conditioning Exercises____
Folk Dance_____
Modern Dance_____
Softball_____
Swimming_____
Tennis_____
Volleyball_____

Strenuous Activities

Basketball_____
Speedball_____
Stunts_____
Speed-A-Way_____
Track & Field_____
Touch Football_____
Wrestling_____(When blind is included)

Supervised Rest_____
Admitted to Regular Physical Education____

Individual Exercises

Exercises are graded: A-mild B-moderate C-strenuous. Exercises available for specific condition are assigned only upon physician's request.

Should this child receive any exercise? Yes____ No____

If so, please give complete details_____

_____

_____

Special Comments_____

_____

Date_____ Signed_____

Phone_____ Address_____

ADMINISTERING THE KRAUS-WEBER TESTS

1.

PURPOSE

Tests the strength of the abdominal and psoas muscles.

POSITION OF PERSON BEING TESTED

Lying on back, hands behind neck. The examiner holds the feet down.

Roll up into a sitting position.

2.

PURPOSE

Further test for abdominal muscles.

POSITION OF PERSON BEING TESTED

Lying on back, hands behind neck and knees bent. Examiner holds the feet down.

Roll up into a sitting position.

3.

PURPOSE

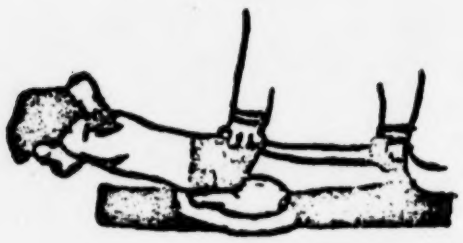
Tests the strength of the psoas and lower abdominal muscles.

POSITION OF PERSON BEING TESTED

Lying on back with hands behind neck and the legs extended.

Keep the knees straight and lift the feet ten inches off the table. Hold them there for ten seconds.

4.



PURPOSE

Tests the strength of the upper back muscles.

POSITION OF PERSON BEING TESTED

Lying on stomach with a pillow under his lower abdomen.

Place the hands behind the neck and raise the chest, head and shoulders. Hold them for ten seconds.

5.

PURPOSE

Test the strength of the lower back.

POSITION OF PERSON BEING TESTED

Lying on stomach over the pillow, but remove the hands from behind the neck. Place hands down on the table and rest the head on them.

Lift the legs up, but do not bend the knees. Hold this position for ten seconds.

6.

PURPOSE

Tests the length of back and hamstring muscles.

POSITION OF PERSON BEING TESTED

Standing erect in stocking or bare feet, hands at the side.

Feet together, knees straight, lean down slowly and touch the floor. Hold for three seconds.

Adaptive Physical Education

Physician Interview Questions

1. How did you first become aware of the special (adaptive) physical education program being conducted at Truesdell Junior High School?

2. Do you feel there is a need for this type of program in the public school curriculum? Realizing that special programs generally cost more per pupil than most regular programs, do you think the benefits of this type of a program warrant inclusion at other grade levels?

3. From your knowledge of the program, how would you describe the success or lack of success of the program? (This may be limited only to patients with whom you directly dealt and are involved in the program.)

4. Any general comments about the program or suggestions for improvement in the program.

Adaptive Physical Education

Parent Interview Questions

1. How did you become aware of the special (adaptive) physical education program at Truesdell Junior High School?

2. Did you experience any difficulty in getting your child into this special program?

3. What kinds of changes in physical condition, if any, have you noticed in your child since entering the program?

4. Comment on your child's reaction to the program. (e.g., Has he become interested in more or different activities than he did before?)

5. Do you have any other comments or suggestions for improvement in this program or class?

TABLE A

SELECTED PUPIL RESPONSES TO ACTIVITIES SHEET

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 1	1-28-70	Sit-ups	25	3/4 min.	Rifelry	3	Good
		Toe touch	5	1/2 min.			
		Bicycle		2 min.			
		Exer-genie	5 on ea. leg	1 1/3min			
		Run in Pl.		2 min.			
	2-10-70	Sit-ups	30	1 min.	Practice Approach	--	--
		Toe touch	25	2 min.	Study Guide	20	--
		Bicycle		2 min.			
		Exer-genie	4 on ea. leg	1 1/6min			
		Run in Pl.		2 min.			
	3-09-70	Sit-ups	20	1/3 min.	Tamberilla	2 min.	Fairly Good
		Toe touch	25	1 3/4min			
		Bicycle		2 min.			
		Exer-genie	8 on ea. leg	3/4 min.			
		Run in Pl.		2 min.			
	4-16-70				Ping pong	30 min	I won
	4-20-70	Sit-ups	20	1 min.	Ping pong	15 min	Good
		Toe touch	25	1 1/2min			
		Bicycle		2 1/2min			
		Run in Pl.		2 min.	Shuffle-board	15 min	Good
	5-22-70				Archery	35-40 Min.	Very Good

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 2	1-28-70	Sit-ups	25	1 min.	Rifelry	3 min.	Good
		Toe touch	5	1 min.			
		Bicycle		2½ min.			
		Run in Pl.		2 min.			
		Weights	5-6-7-8	2 min.			
		2-man row	10	1 min.			
	2-10-70	Sit-ups	30	1 min.	Bowling	20 min.	Good
		Toe touch	25	2 min.			
		Bicycle		2½ min.			
		Run in Pl.		2½ min.			
		Wall touch	10	1½ min.	Medicine ball	3 min.	
		Leg lift	3	¼ min.			
	3-09-70	Sit-ups	20	½ min.	Tamberilla	25 min.	Good
		Toe touch	25	1 min.			
		Bicycle		2½ min.			
		Run in Pl.		2½ min.			
		Wall pulley	10	2½ min.			
		Leg lifts	3	1/6min.			
		2-man row	10	1 min.			
	4-16-70	Sit-ups	20	1 min.	Ping Pong	30 min.	Good
		Bicycle	5	2½ min.			
		Run in Pl.		2½ min.			
		Weights	10	2½ min.			
		2-man row	10	3/4min.			
		Straddle toe touch	25	1½ min.	Shuffle-board	30 min.	Good

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 2 (Cont'd)	4-20-70	Sit-ups	20	2 min.	Shuffle-board	15 min.	Good
		Bicycle	5	½ min.	Ping pong	15 min.	Good
		Run in Pl.		2½ min.			
		Weights	10	2 min.			
		2-man row	10				
		Straddle toe touch	25	1 min.			
	5-22-70				Archery	35-40 Min.	Good
Pupil No. 3	1-28-70	Sit-ups	25	1 min.	Rifelry	3 min.	Good
		Toe touch	5	1 min.			
		Bicycle		2 min.			
		Exer-genie	5 on ea.leg				
		Run in Pl.		2 min.			
		2-man row	10	1 min.			
	2-10-70	Sit-ups	35	1 min.	Study Guide	20 min	OK
		Toe touch	25	2 min.	Bowling		
		Bicycle		2½ min.			
		Exer-genie	8 on ea.leg	1/3min.			
		Run in Pl.		2½ min.			
	3-09-70	Sit-ups	25	½ min.	Tamberilla	15 min.	
		Exer-genie	8	1 min.			
		2-man row	10	2 min.			
		Medicine ball	5	½ min.			

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 3 (Cont'd)	3-09-70 (Cont'd)	Straddle toe touch	25	1½ min.			
		Run in Pl.		2 min.			
	4-16-70	Sit-ups	25	1¼ min.	Ping Pong	30 min.	Fair
		Toe touch	10	1½ min.	Medicine ball	1/3 min.	
		Exer-genie	8	2 min.			
		Run in Pl.		2 min.			
		2-man row	5	½ min.			
	4-20-70				Shuffle-board	10 min.	Good
Pupil No. 4	1-29-70	Toe touch	20	1 min.	Rifelry	5 min.	Don't Know
		Weights					
		Bustline	20	1 min.			
	2-10-70	Toe touch	20	1 min.	Participation	20 min.	
		Medicine ball		3 min.			
		Weights	10	2 min.			
		Bustline	20	1 min.			
	4-16-70	Toe touch	20	1 min.	Shuffle-board	30 min.	Fair
		Weights	5 to 10	2 min.			
		Bustline	20	1 min.			
	4-20-70	Toe touch	20	1 min.	Shuffle-board	30 min.	Fair
		Weights	5 to 10	2 min.			
		Bustline	20	1 min.			

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 4 (Cont'd)	5-22-70				Archery	35-40 min.	Good
Pupil No. 5	2-10-70	Medicine ball		5 min.	Study Guide	15 min.	Good
		Weights			Practice Approach		
		Push ups	15				
		Punch bag		5 min.			
		Jumping jacks	25				
	3-09-70	Push ups	15	½ min.	Tamberilla	15 min.	Good
		Punch bag		5 min.			
		Jumping jacks	25	½ min.			
		Jump rope		2 min.			
		Burpies	15	3/4min.			
	4-20-70	Weights	5	1 min.	Ping pong	20 min.	Excellent
		Push ups	15	1 min.			
		Punch bag		5 min.			
		Jumping jacks	25	½ min.			
		Burpies	15	1 min.			
	5-22-70				Archery	35-40 min.	Bad
Pupil No. 6	1-29-70	2-man row	10	1 min.			
		Leg lifts	5	½ min.			
		Chest	10	1 min.			

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 6 (Cont'd)	2-10-70	Sit-ups	25	2 min.	Study Guide	15 min.	Good
		2-man row	10	1 min.	Medicine ball	6 min.	Good
		Leg lifts	5	1/6min.			
		Chest	15	1 min.			
	4-16-70	Sit-ups	25	1¼ min.	Shuffle-board	30 min.	We won
		2-man row	10	1 2/3min.			
		Leg lift	5	1/7 min.			
		1-man row	10 on ea.arm	½ min.			
	4-20-70	Sit-ups	25	1 min.	Shuffle-board	15 min.	We won
		2-man row	10 ea. arm	1 2/3min.			
		Leg lifts	5	1/3 min.			
		1-man row	10 ea. arm	1/3 min.			
	5-22-70				Archery	35 min.	Success
Pupil No. 7	2-10-70	Sit-ups	5	½ min.	Study Guide	12 min.	Good
		Bicycle		1½ min.			
		Straddle toe touch	3	3/4min.			
		Weights	5	2 min.			
		Side Stretch	5	1 min.			
	3-09-70	Straddle toe touch	25		Tamberilla	15 min.	
		Weights	8				
		Biceps pull	9				
		St.&bent leg	12 ea. leg				

Pupil	Date of Activities	Exercises	Number of Repetitions	Amount of Time Used	Activity Played	Amount of Time Played	Success or Failure
Pupil No. 7 (Cont'd)	3-09-70 (Cont'd)	Triceps Pull	9				
	5-22-70				Archery	35-40min	Good
Pupil No. 8	1-29-70				Rifelry	5 min.	
	2-10-70				Reviewed Study Guide		
	3-09-70				Tamberilla	25 min.	Bad
	4-16-70				Shuffle-board	30 min.	Poor
	5-22-70				Archery	40 min.	
Pupil No. 9	4-16-70				PingPong	30 min.	Excellent
	4-20-70	Bicycle		1½ min.	Shuffle-board	30 min.	Excellent
Pupil No. 10	2-10-70				Study guide	12 min.	Good
	5-22-70				Skill Test		